

## **Application Data Sheet**

### **Application Information**

Application number::  
Filing Date::  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: INDUCTIVELY CHARGED BATTERY PACK  
Attorney Docket Number:: 003797.00690  
Request for Early Publication?:: NO  
Request for Non-Publication?:: NO  
Suggested Drawing Figure::  
Total Drawing Sheets:: 8  
Small Entity?:: NO  
Latin name::  
Variety denomination name::  
Petition included?:: NO  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: NO

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: John  
Middle Name:: Charles  
Family Name:: CALHOON  
Name Suffix::  
City of Residence:: Woodinville  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 24130 NE Woodinville Duvall Rd.  
  
City of mailing address:: Woodinville  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98077  
  
Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: Leroy  
Middle Name:: B.  
Family Name:: KEELY  
Name Suffix::  
City of Residence:: Portola Valley  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 210 Gabarda Way  
  
City of mailing address:: Portola Valley  
State or Province of mailing address:: CA

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94028  
  
Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: William  
Middle Name::  
Family Name:: MITCHELL  
Name Suffix::  
City of Residence::  
State or Province of Residence::  
Country of Residence::  
Street of mailing address::  
  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::

### **Correspondence Information**

Correspondence Customer Number:: 28319

### **Representative Information**

Representative Customer Number:: 28319

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

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## Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

## Assignee Information

Assignee name:: Microsoft Corporation

Street of mailing address:: One Microsoft Way

City of mailing address:: Redmond

State or Province of mailing address:: WA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98052